

<i>SERFF Tracking Number:</i>	<i>METD-128170465</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>SBR CUL/EBUL INTEREST RATE CHANGE</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>CUL/EBUL</i>		
<i>Project Name/Number:</i>	<i>CUL/EBUL Guaranteed Interest Rate Change/CUL/EBUL Guaranteed Interest Rate Change</i>		

Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: CUL/EBUL

SERFF Tr Num: METD-128170465 State: Arkansas

TOI: L09I Individual Life - Flexible Premium

SERFF Status: Closed-Approved- State Tr Num:

Adjustable Life

Closed

Sub-TOI: L09I.001 Single Life

Co Tr Num: SBR CUL/EBUL

State Status: Approved-Closed

INTEREST RATE CHANGE

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Maria Carvalho, Diane

Disposition Date: 04/09/2012

Palermo, Dale Bihlmeyer

Date Submitted: 04/02/2012

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: CUL/EBUL Guaranteed Interest Rate Change

Status of Filing in Domicile: Pending

Project Number: CUL/EBUL Guaranteed Interest Rate Change

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 04/09/2012

State Status Changed: 04/09/2012

Deemer Date:

Created By: Diane Palermo

Submitted By: Diane Palermo

Corresponding Filing Tracking Number:

Filing Description:

RE: Metropolitan Life Insurance Company

NAIC # 241-65978 FEIN # 13-5581829

Individual Life Filing: Updated Specifications Page 3.1, Page 7, Page 11, Endorsement R.S. 1156 (2001 CSO) and Actuarial Information for use with Previously Approved Flexible Premium Adjustable Life Insurance Policy Form 97-89 New Submission

State of Domicile: New York

SERFF Tracking Number: METD-128170465 State: Arkansas
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Dear Sir or Madam,

The above-referenced policy was approved on 12/1/1989. The enclosed items are being updated because the Guaranteed Interest Rate on Accumulation Fund is being changed for new issues of the policy. The forms are in final print subject only to minor modifications in layout, paper size, color, stock, ink, border, font, company logo and adaptation to computer printing. Additionally, we reserve the right to correct typographical errors.

The only material difference between the enclosed page 3.1 and the previously approved form is that the Guaranteed Interest Rate on Accumulation Fund has been changed, and this rate is now shown on a monthly basis in addition to an annual basis. We have also bracketed this rate to denote it as a variable item; we will consider it acceptable to change it in the future without re-filing the form unless you advise otherwise during your review of this filing. Please note that '(12)' has been added next to the form number on this page to differentiate it from the previously approved form.

The only material difference between the enclosed page 7 and the previously approved version is that the first sentence of the Interest Rate provision has been changed from: "The guaranteed interest rate used to determine the accumulation fund is .32737% a month, compounded monthly. This is equivalent to a rate of 4% a year, compounded annually." to "The guaranteed interest rate used to determine the accumulation fund is shown on page 3.1.". Please note that '(12)' has been added next to the form number on this page to differentiate it from the previously approved form.

The only material difference between the enclosed page 11 and the previously approved version is that the first sentence of the Computation of Values provision has been changed from: "The minimum accumulation fund is computed using interest at the rate of 4% a year." to "The minimum accumulation fund is computed using interest at the Guaranteed Interest Rate on Accumulation Fund shown on page 3.1". Please note that '(-12)' has been added next to the form number on this page to differentiate it from the previously approved form.

The only material difference between the enclosed Endorsement form R.S. 1156 (2001CSO-12) and the previously approved version is that the first sentence of the Computation of Values provision in item 2. has been changed from: "The minimum accumulation fund and policy reserves are computed using interest at the rate of 4% a year." to "The minimum accumulation fund and policy reserves are computed using interest at the Guaranteed Interest Rate on Accumulation Fund shown on page 3.1". Please note that '(-12)' has been added next to the end of the form number on this page to differentiate it from the previously approved form.

The enclosed actuarial information has been updated to reflect the interest rate change.

Please contact me if you have any questions.

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TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life

Adjustable Life

Product Name: CUL/EBUL

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Sincerely,

Maria Carvalho

Enclosures: Updated Page 3.1, Page 7, Page 11, Endorsement, Actuarial Information, Readability Certification, Certification

State Narrative:

Company and Contact

Filing Contact Information

Maria Carvalho, Senior Policy Forms Consultant
1300 Hall Blvd. - 3rd Floor
Bloomfield, CT 06002

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860-768-0809 [Phone]
860-656-3329 [FAX]

Filing Company Information

Metropolitan Life Insurance Company
200 Park Avenue
New York, NY 10166
(617) 578-2000 ext. [Phone]

CoCode: 65978
Group Code: 241
Group Name: MetLife Group
FEIN Number: 13-5581829

State of Domicile: New York
Company Type: Life
State ID Number:

Filing Fees

Fee Required? Yes

Fee Amount: \$200.00

Retaliatory? No

Fee Explanation: New York is our Domiciliary State and they do not charge a fee; therefore, we are sending the \$200.00 Arkansas \$50.00 per form filing fee as we are submitting (4) Forms.

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company	\$200.00	04/02/2012	57661672

SERFF Tracking Number: METD-128170465 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/09/2012	04/09/2012

SERFF Tracking Number: METD-128170465 State: Arkansas
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Disposition

Disposition Date: 04/09/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: METD-128170465 State: Arkansas

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Arkansas Certification		Yes
Supporting Document	Actuarial Memorandum		No
Form	Policy Specifications Page		Yes
Form	Policy Insert Page 7		Yes
Form	Policy Insert Page 11		Yes
Form	Unisex Endorsement		Yes

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	97-89 (12)	Schedule Pages	Policy Specifications Page	Initial		0.000	Revised Page 3.1 generic.pdf
	434-88 (12)	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Policy Insert Page 7	Initial		52.300	Revised Page 7 generic .pdf
	436-88 (2001CSO-12)	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Policy Insert Page 11	Initial		47.200	Revised Page 11 generic.pdf
	R. S. 1156 (2001CSO-12)	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Unisex Endorsement	Initial		45.400	Revised R.S. 1156 generic .pdf

POLICY SPECIFICATIONS

GUARANTEED INTEREST RATE ON ACCUMULATION
FUND.....

[2]% A YEAR
[.16516]% A MONTH

NET PREMIUMS..... 95.5% OF ALL PREMIUMS RECEIVED
(THE BALANCE IS AN EXPENSE CHARGE)

Computation of Accumulation Fund (Continued)

PLUS

- * The net premiums received since the last monthly anniversary with interest to the end of the policy month;

MINUS

- * The monthly deduction for the month beginning on the current monthly anniversary.
- * On other than a monthly anniversary - The value on the last monthly anniversary with interest to the current date;

PLUS

- * The net premiums received since the last monthly anniversary with interest to the current date.

If you make a partial cash withdrawal (see page 8), the accumulation fund defined above will be reduced by the amount of such withdrawal.

Monthly Deduction

The deduction for any policy month is the sum of the following amounts, determined as of the beginning of that month:

- * The monthly cost of the term insurance (See Cost of Term Insurance on page 7).
- * The monthly cost of any benefits provided by riders.

Interest Rate

The guaranteed interest rate used to determine the accumulation fund is shown on page 3.1.

Interest will be credited to the accumulation fund each month in the manner and at the rate we set from time to time. The rate we set will never be less than the guaranteed interest rate.

If there is a loan against this policy, interest on that portion of the accumulation fund that equals the loan will be at a rate we set. The rate with respect to the amount of the loan will never be less than the guaranteed interest rate.

Example

Suppose the accumulation fund is \$10,000 and there is a policy loan of \$2,000. If we set the annual interest rates at 10% for amounts in the accumulation fund and at 6% for the amount of any loan, then interest would be credited: at the rate of 6% on \$2,000 representing the amount of the loan; and at the rate of 10% on the remaining \$8,000.

Cost of Term Insurance

Under either death benefit option, the amount of term insurance for any policy month is equal to:

- * The death benefit divided by 1.0032737;

MINUS

- * The accumulation fund.

The accumulation fund used in this calculation is the accumulation fund at the beginning of the policy month before the deduction for the monthly cost of term insurance, but after the deductions for riders and any other charges.

The cost of term insurance for any policy month is equal to the amount of term insurance multiplied by the monthly term insurance rate. Monthly term insurance rates will be set by us from time to time, based on the insured's age, sex and underwriting class. But these rates will never be more than the maximum rates shown in the table on page 4.

General Provisions

The Contract	This policy includes any riders and, with the application attached when the policy is issued, makes up the entire contract. All statements in the application will be representations and not warranties. No statement will be used to contest the policy unless it is in the application.
Limitation on Sales Representative's Authority	No sales representative or other person except our President, a Vice-President, or the Secretary may (a) make or change any contract of insurance; or (b) make any binding promises about policy benefits; or (c) change or waive any of the terms of this policy. Any change is valid only if made in writing and signed by our President, Vice-President, or Secretary.
Incontestability	We will not contest the validity of your policy after it has been in force during the insured's lifetime for 2 years from the date of policy. We will not contest the validity of any increase in the death benefit after such increase has been in force during the insured's lifetime for 2 years from its effective date.
Age and Sex	If the insured's age or sex on the date of policy is not correct as shown on page 3, we will adjust the benefits under this policy. The adjusted benefits will be those that the premiums paid would have provided at the correct age and sex.
Nonparticipation	This policy is not eligible for dividends; it does not participate in any distribution of our surplus.
Computation of Values	<p>The minimum accumulation fund is computed using interest at the Guaranteed Interest Rate on Accumulation Fund shown on page 3.1. These values and the maximum term insurance rates shown on page 4 are based on the 2001 Commissioners Standard Ordinary Mortality (sex distinct) Table.</p> <p>For substandard policy classifications, these values and rates are based on a modified version of the 2001 CSO Mortality Table.</p> <p>We have filed a detailed statement of the method of computation with the insurance supervisory official of the state in which this policy is delivered. The values under this policy are equal to or greater than those required by the law of that state.</p>
Annual Report	<p>Each year we will send you a report showing the current death benefit, accumulation fund and cash value for this policy.</p> <p>It will also show the amount and type of credits to and deductions from the accumulation fund during the past policy year.</p> <p>The report will also include any other information required by state laws and regulations.</p>
Illustration of Future Benefits	At any time, we will provide an illustration of the future benefits and values under your policy. You must ask in writing for this illustration and pay the service fee set by us.

Metropolitan Life Insurance Company

ENDORSEMENT

1. The following replaces the provision entitled **Age and Sex**:

Age -- If the insured's age on the date of the policy is not correct as shown on page 3, we will adjust the benefits under this policy. The adjusted benefits will be those that the premiums paid would have provided at the correct age.

2. The following replaces the first paragraph of the provision entitled **Computation of Values**:

Computation of Values -- The minimum accumulation fund and policy reserves are computed using interest at the Guaranteed Interest Rate on Accumulation Fund shown on page 3.1. These values and the maximum term insurance rates shown on page 4 are based on the 2001 Commissioners Standard Ordinary Mortality Table (80% males, 20% females).

3. The following tables replace the tables for Option 3 and Option 4 under the heading **Minimum Payments under Payment Plans**:

	Option 3. Single Life Income-- Guaranteed Payment Period Minimum Amount of each Monthly Payment for each \$1,000 Applied				Option 3A. Single Life Guaranteed Return Minimum Amount of Monthly Payment for \$1,000 Applied
	Guaranteed Payment Period				
Payee's Age	10 years	15 years	20 years		
50	\$4.12	\$4.08	\$4.02		\$3.97
55	4.51	4.44	4.32		4.29
60	5.02	4.87	4.65		4.70
65	5.67	5.36	4.97		5.21
70	6.46	5.88	5.24		5.85
75	7.34	6.33	5.41		6.68
80	8.21	6.64	5.48		7.75
and over	8.92	6.80	5.51		9.12

Option 4. Joint and Survivor Life Income-- Guaranteed Period of 10 years	
Age of Both Payees	Minimum Amount of each Monthly Payment for each \$1,000 Applied
50	\$3.64
55	3.93
60	4.30
65	4.80
70	5.47
75	6.33

On request, we will provide additional information about amounts of minimum payments.


Secretary

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: AR Readability Certification.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: Not Applicable, Interest Rate Change Filing. Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification Bypass Reason: Not Applicable. Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage Bypass Reason: Not Applicable. Comments:		

	Item Status:	Status Date:
Satisfied - Item: Arkansas Certification Comments: Attachment: AR Certification.pdf		

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Item Status:

Status

Date:

Satisfied - Item: Actuarial Memorandum

Comments:

Attachment:

2012 Basis of Values policy form 97-89 Generic sex distinc....pdf

State of Arkansas

Readability Certification

Pursuant to Bulletin 14-79 and Arkansas Statute Annotated § 23-80-206 to § 23-80-208, cited as the Life and Disability Insurance Policy Language Simplification Act, the Flesch Readability Ease Test has been applied to the following forms.

Form Number(s)	Flesch Score(s)
434-88 (12)	52.3
436-88 (2001CSO-12)	47.2
R. S. 1156 (2001CSO-12)	45.4



Karen A. Johnson, Vice President

4/2/2012

Date

Metropolitan Life Insurance Company
200 Park Avenue, New York, NY 10166

State of Arkansas

Certification

We certify compliance with Rule and Reg. 19 s 10 and all other applicable requirements of the Arkansas Insurance Department.



Karen A. Johnson, Vice President

4/2/2012

Date